

Nixon & Vanderhye PC

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(703) 816-4019***FACSIMILE COVER SHEET***
PLEASE DELIVER IMMEDIATELY!!!!Our Ref.: 4398-474
Your Ref.: USSN 10/555,301 Date: June 7, 2006To: Ms. V. Wallace
Firm: USPTO
Facsimile No.: 571-273-9843
From: Paul T. BowenNumber of Pages (including cover sheet): 6
(IF YOU DO NOT RECEIVE ALL OF THE PAGES OR ENCOUNTER DIFFICULTIES IN TRANSMISSION,
PLEASE CONTACT US IMMEDIATELY AT (703-816-4000).Julie Krumpelman
FACSIMILE OPERATOR

ATTACHMENT/S: Application Data Sheet


Re: (USSN 10/555,301)
Our Docket: 4398-474**MESSAGE:**

Dear Ms. Wallace:

In accordance with your telephone call of June 7, attached is an Application Data Sheet for the
above-identified application.

Should you have any questions or comments, please contact us.

Best regards,


Paul T. Bowen
Reg. No. 38,009

PTB/jck

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Rec'd PCTO 07 JUN 2006

Application Data Sheet**Application Information**

Application number:: 10/555,301
Filing Date:: November 2, 2005
Application Type:: Regular
CD-ROM or CD-R?:: None
Number of CD Disks::
Number of copies of CDs::
Sequence submission?::
Computer Readable Form
(CRF)?::
Number of copies of CRF::
Title:: A MASK SYSTEM
Attorney Docket Number:: 4398-474
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 65
Small Entity?:: No
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::

Applicant Information

Applicant Authority Type::
Primary Citizenship Country::
Status::
Given Name::
Middle Name::
Family Name::

Inventor
Australia
Full Capacity
1-0 Michael
Andrew
JONES

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Name Suffix::	
City of Residence::	Dundas
State or Province of Residence::	New South Wales
Country of Residence::	Australia
Street of mailing address::	c/o ResMed Limited, 1 Elizabeth Macarthur Drive
City of mailing address::	Bella Vista
State or Province of mailing address::	New South Wales
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	2153
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	2.00 <u>Amal</u>
Middle Name::	<u>Shirley</u>
Family Name::	<u>AMARASINGHE</u>
Name Suffix::	
City of Residence::	Beecroft
State or Province of Residence::	New South Wales
Country of Residence::	Australia
Street of mailing address::	c/o ResMed Limited, 1 Elizabeth Macarthur Drive
City of mailing address::	Bella Vista
State or Province of mailing address::	New South Wales
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	2153
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	3.00 <u>Timothy</u>
Middle Name::	<u>Tsun-Fai</u>
Family Name::	<u>FU</u>
Name Suffix::	

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City of Residence::	Carlingford
State or Province of Residence::	New South Wales
Country of Residence::	Australia
Street of mailing address::	c/o ResMed Limited, 1 Elizabeth Macarthur Drive
City of mailing address::	Bella Vista
State or Province of mailing address::	New South Wales
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	2153
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	40 <u>Perry</u>
Middle Name::	<u>David</u>
Family Name::	<u>LITHGOW</u>
Name Suffix::	
City of Residence::	Glenwood
State or Province of Residence::	New South Wales
Country of Residence::	Australia
Street of mailing address::	c/o ResMed Limited, 1 Elizabeth Macarthur Drive
City of mailing address::	Bella Vista
State or Province of mailing address::	New South Wales
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	2153
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	50 <u>Jim</u>
Middle Name::	
Family Name::	<u>SAADA</u>
Name Suffix::	
City of Residence::	Kellyville

State or Province of Residence:: New South Wales
Country of Residence:: Australia
Street of mailing address:: 3 Bushview Drive
City of mailing address:: Kellyville
State or Province of mailing address:: New South Wales
Country of mailing address:: Australia
Postal or Zip Code of mailing address:: 2155
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Ireland
Status:: Full Capacity
Given Name:: ~~Fiachra~~
Middle Name:: ~~Marcus~~
Family Name:: ~~SWEENEY~~
Name Suffix::
City of Residence:: North Bondi
State or Province of Residence:: New South Wales
Country of Residence:: Australia
Street of mailing address:: c/o ResMed Limited, 1 Elizabeth Macarthur Drive
City of mailing address:: Bella Vista
State or Province of mailing address:: New South Wales
Country of mailing address:: Australia
Postal or Zip Code of mailing address:: 2153

Correspondence Information
Correspondence Customer Number:: 23117

Representative Information
Representative Customer Number:: 23117

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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/AU2004/000563	April/30/2004

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
		DAY/MONTH/YEAR	
AU	2003902098	2 May 2003	Yes
AU	2004901648	26 March 2004	Yes
	PCT/AU2004/000563	30 April 2004	Yes

Assignee Information

Assignee Name::	ResMed Limited
Street of mailing address::	1 Elizabeth Macarthur Drive
City of mailing address:	Bella Vista
State or Province of mailing address::	New South Wales
Country of mailing address::	Australia
Postal or Zip Code of mailing Address::	2153

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